

REQUEST FOR PATENT FEE REFUND

1 Date of Request: \_\_\_\_\_

2 Serial/Patent #

10/518648

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing	1	12/20/04	\$ 100
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 0 2 -- 4 8 0 0

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

A Johnson

TITLE:

paralegal

SIGNATURE:

A Johnson

PHONE:

308-9140

OFFICE:

PCT

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: